

Foster Family Home - Corrective Action Report

Provider ID: 1-561804

Home Name: Marie Angelie Valencia, RN

Review ID: 1-561804-5

94-1128 Halelehua Street

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 11/14/2018

End Date:

11/14/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/14/18.

6.(d)(1) - Home in compliance with all requirements.

 RN

Compliance Manager



Primary Care Giver

11/14/18
Date

11/14/18
Date